

Does 'Improved' Sanitation make Children Healthier? Household Pit Latrines and Child Health in Rural Ethiopia

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In response to the Millennium Development Goal on improved sanitation, the Ethiopian government has developed an ambitious plan to achieve 100 per cent access to pit latrines by 2012. This plan is based on the assumption that universal access will improve health outcomes. While access to pit latrines in Ethiopia has improved, government officials have recently admitted that the quality of pit latrines is low. This paper looks at the differences between children who have access to a household pit latrine and those who do not. The findings show that there is no significant difference in health outcomes between groups. Because of the low quality and uncleanness of pit latrines, children often avoid using them, and prefer to continue using a forest or field.

Background

Within Ethiopia, it is estimated that more than 250,000 children die each year from poor sanitation, hygiene and water. Research shows that poor sanitation greatly increases the risk of infectious diseases. A recent study also shows that child health improves with better water and sanitation. For children to receive the full health benefits, however, water and sanitation services must improve together. In Africa, access to adequate water is improving at a faster rate than sanitation services. Furthermore, while UNICEF reported in 2005 that 13 per cent of Ethiopians have access to 'improved' sanitation, Ethiopia's Head of Environmental Health recently reported that 30 to 80 per cent of existing pit latrines may be non-functional. To tackle these problems, the Ethiopian government has recently adopted a National Hygiene and Sanitation Strategy and Protocol, which has three objectives: 1) to promote healthy behaviour; 2) to have an enabling social and political environment; and 3) to have access to the necessary products and technology, such as health and sanitation infrastructure. The protocol recognises that a multifaceted approach is needed to address health problems associated with poor sanitation and hygiene.

Methodology

This paper analyses the connection between child health and changing methods of waste disposal. The analysis is based on height-for-age and weight-for-age data from the Young Lives sample looking at the Younger Cohort, as well as information on social and economic status, household environment, mother's education and other relevant factors. Analysis based on height-for-age and weight-for-age measures provides a useful assessment of the effects of sanitation in the short- and long-term by focusing on nutritional outcomes. This paper also looks at interviews with children from the older cohort to consider children's perspectives on pit latrines.

Findings

Findings from our research show that access to pit latrines does not greatly improve children's health. There is no significant difference in health outcomes between children who have had access to pit latrines over the past four years and those who have not. While more children now have access to pit latrines, they see them as a health risk and a possible source of illness. The findings show that if toilets smell or are dirty, children often choose other, less 'sanitary' locations. Many children thus prefer to continue using the forest or open fields. For children to use pit latrines, there need to be changes in behaviour and attitude towards maintenance and cleanliness. Otherwise, children will continue to use the forest and open fields, which both pose significant health problems.

Policy implications

Governments are under pressure to respond to international standards, such as those of the Millennium Development Goals. The case of pit latrines in Ethiopia shows, however, that infrastructure that is of poor quality does not solve the problem. It is thus necessary for international agencies and national governments to develop methods to monitor the quality of sanitation infrastructure. Such work should be based on research into the perspectives of children and their families on hygiene and the use of pit latrines.

